

**University of South Florida**  
*Morsani College of Medicine*

**Vascular Surgery**  
**Fourth Year Virtual Acting Internship**  
*MEL 7828*

**Syllabus**  
**2020-2021**

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## **Clerkship Director's Welcome**

On behalf of the Division of Vascular Surgery, welcome to the Vascular Surgery Virtual Acting Internship. We recognize that you are embarking on your career path during unprecedented times, and that your experience will undoubtedly be different. However, we look forward to guiding you in a challenging and educational experience in vascular surgery that will solidify your interest in this exciting and dynamic profession, as well as prepare you to excel in your upcoming role as a vascular surgical intern. We are committed to providing you as immersive an experience as possible in this new world of virtual learning. You are encouraged to take part in all aspects of vascular surgery-- to seek an experience that fulfills your goals, from cultivating open and endovascular knowledge to ready you for your upcoming residency, to refining clinical problem-solving abilities and offering an opportunity to prepare to engage in patient care. We are delighted that you have selected an advanced experience in vascular surgery, and look forward to navigating you further in your career.

Sincerely,

Mary Ottinger, MD, FACS  
Director, Vascular Surgery Acting Internship  
Program Director, Vascular Surgery Integrated Residency and Fellowship

## **Acting Internship Contacts:**

### ***Faculty***

#### ***Program Director/AI Director***

*Mary Ottinger, MD, RPVI, FACS*

*USF, Department of Surgery*

*Division of Vascular Surgery*

*James A. Haley Veterans' Hospital*

*mottinger@usf.edu*

#### ***Division Chief/Associate Program***

##### ***Director:***

*Murray Shames, MD, RPVI, FACS, DFSVS*

*USF, Department of Surgery*

*Division of Vascular Surgery*

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*STC, Room 7023*

### ***Key Contacts***

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*USF, Department of Surgery*

*4<sup>th</sup> Year Elective Coordinator*

*STC, 7021-D*

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*(813) 250-2261*

# Acting Internship Faculty and Residents

## Faculty

Aurelia Calero, MD  
Brad Johnson, MD  
Mary Ottinger, MD (Course director)  
Murray Shames, MD (Division chief)  
Charles Bailey, MD  
Neil Moudgill, MD  
Erin Baldwin, MD  
James Brooks, MD  
Ankur Shukla, MD (Skills course director)

## Residents and Fellows

Angelyn Thayer, MD PGY2  
Chetan Dargan, MD PGY3  
Chrissy Jokisch, MD PGY3  
Christina Tran, MD PGY2  
Danielle Fontenot, MD—Graduating June 2020  
Desiree Picone, MD Fellow PGY7  
Isibor Arhuidese, MD PGY4  
Jeffrey Edwards, MD PGY5  
Kevin Swan—Incoming Intern  
Lauren Farley, MD PGY3-research  
Lauren Harry, MD PGY3-research  
Mark Asirwathan—Incoming intern  
Mark Conant, MD PGY4  
Wes Jones, MD—Graduating June 2020

# Clerkship Overview

## *Virtual Acting Internship Objectives/Competencies*

### *Objectives*

1. Participate in daily vascular huddle, reviewing consults and operative plans for the day
2. Prepare for OR cases, including indications for procedure, relevant anatomy, operative steps and potential intra- and post-operative complications; be prepared to present concisely during weekly indications conference. Acting Interns should aim to review a breadth of vascular cases.
3. Participate in emergency department consults with PGY3 consult resident, participate in formulation of assessment and plan.
4. Acting Interns will be “on call” during the day and have a “pager” (cell phone), through which they can receive communication, assignments and “common floor calls” to build their comfort with responding to simulated acute patient issues.
5. Each Acting Intern will prepare a case/topic presentation from the time on service to be presented at Monday morning education conference during the last week of the rotation.
6. Encouraged (but not required) to solicit research opportunities (data collection/chart review, case report) from attendings and residents which may be continued after the rotation is complete.

### *Curricular Design*

The aim of the Vascular Surgery Acting Internship (AI) is to introduce you to the specialty of Vascular Surgery and experience the breadth of training required of a Vascular Surgery intern.

The Virtual AI is a 4-week rotation that will provide you with the opportunity to experience how vascular surgery residents are educated during residency. You will have a continuous experience with vascular surgery residents, fellows and faculty and be treated as a member of the program through available virtual platforms. Though there may be some variation in your duties, the majority of your time will be spent as a member of the inpatient team for the residency. There are two service teams for vascular surgery, A and B. Each team consists of an intern, a chief or fellow and two Attending physician, with a shared PGY3 consult resident. There is a Vascular ICU resident (PGY2 or 3) and endovascular resident (PGY 2 or 3). The team performs the initial evaluation for patients in conjunction with the emergency department staff, as well as inpatient consults for vascular surgery. The team is responsible for perioperative and postoperative management of service patients, as well as perioperative preparation and recommendations for consult patients undergoing vascular surgery. All members of the team participate in operative interventions as determined by the chief and/or fellow of the service. Vascular surgery is unique in that it affords not only operative experience, but the opportunity to provide longitudinal medical care to patients. Our patients frequently have complex medical comorbidities in addition to their surgical issues.

## ***Responsibilities***

The student is expected to function as a Vascular Surgery intern under the direct supervision of the senior resident/fellow and attending. In contrast to the direct patient interactions of an in-person acting internship, students on the virtual AI will not be expected to engage in direct “virtual” patient care; however, actual patients will serve as points of departure and education for the virtual AI to provide context to the learning opportunities for students. Much as an intern would be expected, the virtual AI will have remote access to patient data and will be an essential member of the team to the extent that they will be expected to identify and provide assimilation and interpretation of clinical data points on patients, as well as to follow the clinical course of their patients in communication with residents.

## ***Didactic Sessions Format***

- Students will be expected to attend the weekly Monday morning conferences that are given for the residents. These sessions generally consist of topics that are common to the practice of vascular surgery and will include both inpatient and outpatient problems as well as review of evidence-based practices through lectures and journal clubs.
- Students will have two virtual skills sessions weekly during which time they will perform basic surgical skills that will set them up for a successful technical start to their internship.
- Students will participate in morning lectures on topics germane to preparation for internship in surgery and specifically in the care of vascular patients.
- Afternoon lectures will consist of review of cases, as well as additional practice-based topics and workshops to prepare them for their applications and academic surgical training.

## ***Virtual OR format***

- Students will have assigned cases for each day (Topic #1) and will be provided with a reading list that includes links to quality videos for watching the case. They will prepare for the case with a provided template that includes indications, relevant anatomy, key case steps and anticipating complications.
- During the virtual OR time they should watch the video, after which they will be expected to write **post-op orders** for the patient as well as have 24 hours to "**dictate**" **the case (in their own words)** and submit to the AI director for review and comment.
- The additional virtual OR cases will be derived from the cases on the schedule for the actual site that day. Students will be expected to utilize a representative video of the planned operative intervention in the absence of high-fidelity, reliable audiovisual recording of the actual operation.
- Topic #3 is optional, but would be derived from an emergency add-on case in the interest of simulating the pace and unpredictable nature of vascular practice. This case would be

something they would have less time to prepare for, but will teach them to optimally "cram" for a case that gets added on, much as we would expect in person.

### ***Virtual Acting Intern “Responsibilities”***

- Acting interns will maintain a communication device (cellphone) by which to receive “pages” simulating common calls from the floor regarding patient care. They will be expected to formulate a plan of action for these calls.

### ***Mentorship***

- Acting interns will be paired with faculty and residents for mentoring throughout their virtual AI. They will have weekly meetings with these mentors to discuss topics germane to pursuing a career in vascular surgery, as well as for guidance in the application process.
- Acting interns will have multiple opportunities each week to interact with faculty virtually, including program director and chief “talks” where evolving topics are covered, and students will have the opportunity for open Q&A

### ***Required Diagnoses***

Virtual AI students will participate in the evaluation and management of the following diagnoses which are integral to vascular surgical practice. We recognize that all diagnoses will not be represented each rotation, however there will be opportunities for simulated patient experiences and Socratic discussions regarding these diagnoses.

- Aortic aneurysm
- Aortic dissection
- Cerebrovascular disease
- Claudication
- Critical limb ischemia
- Dialysis access
- Mesenteric ischemia
- Thoracic outlet syndrome
- Venous insufficiency
- Vascular trauma
- Vascular graft infection

### ***Required Skills***

1. Hand tying
2. Instrument tying
3. Handling a Needle Driver
4. Handling a PickUp
5. Left Handed Clamp Control
6. Needle Loading (regular and vascular)
7. Forehand Throws (Righty)

8. Backhand Throws
9. Body positioning
10. Needle Manipulation
11. Surgical case dictation
12. Didactic presentation
13. Radiology interpretation

## ***Required Text/Resources***

Acting Interns should use *Rutherford's Vascular Surgery* as their main reference text on the rotation, aligning with the vascular residents' curriculum. Other resources will be made available to you for the rotation and your own library (electronically), and access to this can be coordinated with your senior residents.

There are various texts and references available through the library site.

Journal club articles as well as topic-specific articles will be uploaded to the communication platform.

## ***Virtual OR cases***

### ***Week 1:***

<b><i>Case</i></b>	<b><i>Video</i></b>	
<i>Above knee amputation</i>	<a href="https://www.youtube.com/watch?v=-yVvJLQe0kk">https://www.youtube.com/watch?v=-yVvJLQe0kk</a>	
<i>Below knee amputation/Through knee amputation</i>	<a href="https://www.youtube.com/watch?v=wUOPY4-YL0k">https://www.youtube.com/watch?v=wUOPY4-YL0k</a> <a href="https://www.youtube.com/watch?v=DZE2fEuGE-A">https://www.youtube.com/watch?v=DZE2fEuGE-A</a>	
<i>Femoral endarterectomy</i>	<a href="https://www.youtube.com/watch?v=DdMWuI8Jwk4">https://www.youtube.com/watch?v=DdMWuI8Jwk4</a>	
<i>Arteriovenous fistula</i>	<a href="https://www.youtube.com/watch?v=JGJzKRkrzYg">https://www.youtube.com/watch?v=JGJzKRkrzYg</a> <a href="https://www.youtube.com/watch?v=Rn5dO8_-8eo">https://www.youtube.com/watch?v=Rn5dO8_-8eo</a> <a href="https://www.youtube.com/watch?v=GUDHhCdj1YY">https://www.youtube.com/watch?v=GUDHhCdj1YY</a>	
<i>Temporal artery biopsy</i>	<a href="https://www.youtube.com/watch?v=zzYRhSfVSBk">https://www.youtube.com/watch?v=zzYRhSfVSBk</a>	

### ***Week 2:***

<b><i>Case</i></b>	<b><i>Video</i></b>	
<i>Minor amputations</i>	<a href="https://www.youtube.com/watch?v=y27_YXpXkSc">https://www.youtube.com/watch?v=y27_YXpXkSc</a> <a href="https://www.youtube.com/watch?v=bB5Oj40pUEU">https://www.youtube.com/watch?v=bB5Oj40pUEU</a>	
<i>Lower extremity bypass</i>	<a href="https://www.youtube.com/watch?v=xG2aF-vNSr4">https://www.youtube.com/watch?v=xG2aF-vNSr4</a>	
<i>EVAR</i>	<a href="https://www.youtube.com/watch?v=Y2a_cYvpf_U&amp;t=1505s">https://www.youtube.com/watch?v=Y2a_cYvpf_U&amp;t=1505s</a>	
<i>First rib resection</i>	<a href="https://www.youtube.com/watch?v=cEEpEC3yTew">https://www.youtube.com/watch?v=cEEpEC3yTew</a>	
<i>SMA embolectomy</i>	<a href="https://www.youtube.com/watch?v=5Bv_8xPTgPU">https://www.youtube.com/watch?v=5Bv_8xPTgPU</a>	

### Week 3:

<i>Case</i>	<i>Video</i>	
<i>Open AAA/Aortic exposures</i>	<a href="https://www.youtube.com/watch?v=qCi8qS17xdA&amp;has_verified=1">https://www.youtube.com/watch?v=qCi8qS17xdA&amp;has_verified=1</a> <a href="https://www.youtube.com/watch?v=GnG0W6OLvHY">https://www.youtube.com/watch?v=GnG0W6OLvHY</a>	
<i>Carotid endarterectomy</i>	<a href="https://www.youtube.com/watch?v=AWXCpRJAN8M">https://www.youtube.com/watch?v=AWXCpRJAN8M</a>	
<i>Carotid-subclavian bypass</i>	<a href="https://www.youtube.com/watch?v=0SXQwJG4LDI">https://www.youtube.com/watch?v=0SXQwJG4LDI</a>	
<i>TEVAR</i>	<a href="https://www.youtube.com/watch?v=0SXQwJG4LDI">https://www.youtube.com/watch?v=0SXQwJG4LDI</a>	
<i>Popliteal aneurysm (posterior)</i>	<a href="https://www.youtube.com/watch?v=gaGcnYtKWhk">https://www.youtube.com/watch?v=gaGcnYtKWhk</a>	

### Week 4:

<i>Case</i>	<i>Video</i>	
<i>Lower extremity bypass</i>	<a href="https://www.youtube.com/watch?v=QXjsre0kP4k">https://www.youtube.com/watch?v=QXjsre0kP4k</a> <a href="https://www.youtube.com/watch?v=xG2aF-vNSr4">https://www.youtube.com/watch?v=xG2aF-vNSr4</a> <a href="https://www.youtube.com/watch?v=z9T9DZB6C0g">https://www.youtube.com/watch?v=z9T9DZB6C0g</a>	
<i>IVC filter placement/removal</i>	<a href="https://www.youtube.com/watch?v=Gcz2L-hgHp0">https://www.youtube.com/watch?v=Gcz2L-hgHp0</a>	
<i>Trauma exposures</i>	<a href="https://www.youtube.com/watch?v=DPxiDYzJwcY">https://www.youtube.com/watch?v=DPxiDYzJwcY</a> <a href="https://www.youtube.com/watch?v=KVuMiAuW5zc">https://www.youtube.com/watch?v=KVuMiAuW5zc</a>	
<i>Aortic graft explant</i>	<a href="https://www.youtube.com/watch?v=q1409_cBJ7c">https://www.youtube.com/watch?v=q1409_cBJ7c</a>	

### Additional Resources:

<i>Case</i>	<i>Video</i>	
<i>Obturator Bypass</i>	<a href="https://www.youtube.com/watch?v=G4FF-9JOV90">https://www.youtube.com/watch?v=G4FF-9JOV90</a>	
<i>SMA bypass</i>	<a href="https://www.youtube.com/watch?v=xPNDY2ki_Z0">https://www.youtube.com/watch?v=xPNDY2ki_Z0</a>	
<i>Renal artery aneurysm</i>	<a href="https://www.youtube.com/watch?v=PF5RYg6V4Gk">https://www.youtube.com/watch?v=PF5RYg6V4Gk</a>	
<i>Dialysis catheter placement</i>	<a href="https://www.youtube.com/watch?v=nSe4Gceg11w">https://www.youtube.com/watch?v=nSe4Gceg11w</a>	
<i>Endovenous ablation</i>	<a href="https://www.youtube.com/watch?v=vwxNs1798LY">https://www.youtube.com/watch?v=vwxNs1798LY</a>	
<i>Thoracofemoral bypass</i>	<a href="https://www.youtube.com/watch?v=rF8BOL7wNfs">https://www.youtube.com/watch?v=rF8BOL7wNfs</a>	
<i>Iliac artery conduit</i>	<a href="https://www.youtube.com/watch?v=FYtL4cDtLR4">https://www.youtube.com/watch?v=FYtL4cDtLR4</a>	
<i>Sheath removal</i>	<a href="https://www.youtube.com/watch?v=dSyZWCDG7U8">https://www.youtube.com/watch?v=dSyZWCDG7U8</a>	
<i>US access</i>	<a href="https://www.youtube.com/watch?v=45Rs90giA8E">https://www.youtube.com/watch?v=45Rs90giA8E</a> <a href="https://www.youtube.com/watch?v=UvPc2c_hE9g">https://www.youtube.com/watch?v=UvPc2c_hE9g</a>	

### Rotation Schedule

Students will refer to the four-week schedule delineating the virtual learning opportunities of which they will be a part. These include collaborative teaching sessions with the entire

faculty, mentoring meetings with the division chief as well as individually-assigned mentors, didactic lectures on clinical skills and professional development, and virtual teachings skills. Students will participate in a virtual-OR daily, with opportunity for preparation and review that includes access to faculty and residents.

## **Clinical Locations**

The Vascular Surgery Virtual Acting Internship has three locations:

USF Health

2 Tampa General Circle, 3<sup>rd</sup> Floor

Tampa, FL 33606

Phone: (813) 259-0929

Fax: (813) 259-0606

Email: [haileehall@health.usf.edu](mailto:haileehall@health.usf.edu)

Website: <https://health.usf.edu/care/surgery/services-specialties/vascular-surgery>

Tampa General Hospital

1 Tampa General Circle

Tampa, FL 33606

Phone: (813) 259-0929

Fax: (813) 259-0606

Email: [haileehall@health.usf.edu](mailto:haileehall@health.usf.edu)

James A. Haley VA

13000 Bruce B. Downs Blvd

Tampa, FL 33612

Phone: (813) 972-2000

Students will have access to faculty at all locations.

## **Grading**

### ***Midterm and End of AI Student Evaluation***

Your final grade is determined by your clinical faculty evaluation which is completed at the end of the 4-week experience. Students will receive evaluations from the various faculty and residents they work with throughout the rotation. Students will be evaluated regarding their medical knowledge, clinical skills (including history taking, physical examination, and verbal presentations), problem solving skills and clinical judgment (including application of health promotion, forming a differential diagnosis, use of office procedures and labs, planning treatment plans and follow-up, completion of progress notes), professional attributes (including reliability, motivation, responsibility, use of medical literature and other resources, and openness to instruction and feedback), and interpersonal relationships (with patients, colleagues, staff, and preceptors) At the discretion of the Course Director, any student who performs unsatisfactorily in any of these areas may be required to remediate the AI. Students will be graded on a scale of H (Honors), PC (Pass with Commendations), P (Pass) or F (Fail).

*See Appendix A for an example of the student evaluation form that will be used.*

Students should solicit mid-rotation feedback from their resident and attending at the completion of the first 2 weeks of the experience. No feedback form is required; however, this will facilitate discussion of competencies met or issues that need to be addressed prior to the completion of the rotation.

## ***Honors Eligibility***

Students often ask about what preceptors look for in distinguishing the "average" from the "truly outstanding" student. Here are some of the more important points to consider.

Your preceptors are evaluating your skills, knowledge, and professionalism and do NOT formally recommend a letter grade, per se. However, there is an overall evaluation category that gives them an opportunity to recommend anything from unsatisfactory to truly outstanding.

In order for your evaluators to consider recommending excellent or truly outstanding, a student must demonstrate the following:

- Accurate and complete data collection, including the H&P, on a **consistent** basis.
- Integrating the database into a well thought out and logical assessment and/or differential diagnosis that is well articulated both verbally and in the written record.
- Developing a management plan that is clearly linked to the assessment and which is cost effective and practical given the context of the patient's life circumstances.
- Demonstrating that the student has read about and learned from **each** patient seen on the rotation.
- Demonstrating superior professional and humanitarian traits in the patient interface.

## ***Unsuccessful Clerkship***

- A failing overall cumulative performance.
- Unprofessional behavior, including failure to maintain timely and accurate patient logbook data.
- Failure to appropriately complete any portion of the clerkship assignments.

## ***Clerkship Remediation***

- Remediation for students who overall perform inadequately based on evaluations is at the discretion of the Clerkship Director.
- Remediation for students exhibiting unprofessional behavior is at the discretion of the Clerkship Director.

# Grade Appeal Policy

## GRADE APPEAL PROCESS:

### 1. Basis for Appeal

A student may appeal a course grade if the student has evidence that the grade was assigned in an erroneous manner. This is not a process for appeal of established departmental grading policies. The following procedure provides guidelines for the appeal process. All persons concerned with this process should adhere to the time schedule outlined in the following description of the appeal process.

### 2. Appeal to the Faculty Member for Review of the Assigned Grade

**Within ten (10) school days after the receipt of the grade**, the student may appeal in writing to the responsible faculty member (Acting Internship Director) any assigned grade that they dispute. The Acting Internship Director will review the course grading guidelines with the student to ensure that the process is understood and has been followed. If it is found that the assigned grade is incorrect in the judgment of the Acting Internship Director, he/she will initiate the appropriate change. If the change is made at this point, the matter is concluded. The Acting Internship director will respond in writing with the Acting Internship director's resolution of the matter to the **student within ten (10) school days of the student's request for review**.

If the faculty member is no longer with the University, the student shall confer with the departmental chairperson who will then make every effort to receive written input concerning the matter from the former faculty member. If it is not possible to receive information from the former faculty member regarding the grade, then the student may appeal the grade as described below and the departmental chairperson will represent the interests of the Acting Internship director who issued the grades.

### 3. Appeal to Associate Dean for UME

If the question of the assigned grade cannot be resolved between the student and the Acting Internship director, the student may appeal in writing to the Associate Dean for UME (all required courses, Acting Internships and interdisciplinary electives). This **appeal must be made within ten (10) school days following the Acting Internship director's review**. The student shall include all relevant information relating to the appeal with the written appeal. After receiving such an appeal in writing from the student, the UME Associate Dean shall review with the Acting Internship director the substance of the student's appeal and seek to determine its validity.

If the Associate Dean/Chairperson determines that the assigned grade is, in his/her judgment, inappropriate, the chairperson should recommend to the faculty member that the grade be changed. The faculty member may or may not concur with the chairperson's/Associate Dean's recommendation.

The Associate Dean/Chairperson will notify the student in writing, within ten (10) school days of receipt of the appeal, whether or not the assigned grade will be changed by the faculty member. If the

grade is changed to the student's satisfaction, the matter is concluded. If the grade is not changed, the chairperson/Associate Dean will advise the student of the right of appeal to the Vice Dean for Educational Affairs.

If the student elects to appeal, copies of all written communication mentioned above shall be sent by the chairperson/Associate Dean to the Vice Dean for Educational Affairs as described below.

#### **4. Appeal to the Vice Dean for Educational Affairs**

If the grade is not changed to the satisfaction of the student at the departmental level, the student may appeal the assigned grade, in writing, to the Vice Dean for Educational Affairs. This appeal must occur within ten (10) school days of receipt of the decision of the chairperson/Associate Dean. The student will prepare an appeal in writing, which should be reviewed by the AD for SA of the MCOM as to form/sufficiency (satisfactory structure). The Vice Dean for Educational Affairs may discuss the case with the student, the faculty member, the chairperson of the department in which the course was taught or the Associate Dean for UME, the Associate Dean for Student Affairs and the Chair of the APRC. Following these discussions, the Vice Dean for Educational Affairs may make a recommendation to the faculty member, the student, and the department chairperson/Associate Dean. If this results in an acceptable solution to all parties, the matter is concluded. If not, then a Hearing Committee will be appointed. The Vice Dean for Educational Affairs may, if he/she chooses, appoint a Hearing Committee upon receiving the initial appeal. The appeal will be handled as expeditiously as possible by the Vice Dean for Educational Affairs.

When the decision is made to establish a hearing to investigate an appeal, the Vice Dean for Educational Affairs shall convene an *ad hoc* committee comprised of three senior members of the faculty of the Morsani College of Medicine who had not previously been involved in issuing the grade or the appeal process and three medical students, all of whom shall have voting privileges. This Committee shall elect a chairperson and hold a hearing concerning the appeal at a time acceptable to all participants. At this hearing all material relevant to the appeal shall be presented by the student, the Associate Dean for Student Affairs, the Chair of the APRC, the faculty member issuing the grade or raising the concern, or the department chairperson/Associate Dean for UME. Others may be requested to assist the Committee. The student may request to have another individual present.

The Hearing Committee will submit to the Vice Dean for Educational Affairs a written report containing a recommendation for a specific course of action regarding the student's grade appeal. If the Committee cannot reach a conclusion, the written report will be submitted to the Vice Dean for Educational Affairs who will consider the reason(s) why the committee failed to reach a decision.

The Vice Dean for Educational Affairs will then recommend a solution, which may or may not contain some or all of the recommendations of the Hearing Committee. As delegated authority of the Dean, the decision of the Vice Dean for Educational Affairs is final.

## **Course Evaluation Policy**

***“Evaluation Policy” for course/clerkship syllabi:***

Student feedback is an essential component for continuous quality improvement of our teaching faculty and curriculum development. Morsani College of Medicine (MCOM) has implemented the following guidelines for all students currently enrolled:

1. Students will be required to complete a minimum of 80% of the evaluations assigned to them
2. All evaluations should be completed within 25 days upon receipt
3. Students may suspend evaluations only given the following circumstances:
  - a. The evaluation was assigned in error
  - b. The student did not spend enough time with an educator to properly evaluate them
4. At most students will be permitted to suspend up to 20% of their evaluations. Once a student exceeds a 20% suspension rate their evaluations will be reviewed on a case by case basis
5. Comments provided on evaluations should be constructive, respectful, and made in a professional manner

*Please note that levels of anonymity are strictly enforced and fail safes are put into place to ensure a student cannot be identified from their evaluation.*

Student evaluation completion compliance rates will be monitored on a quarterly basis and any student found to be out of compliance at the time will be required to attend a mandatory one hour session to complete any pending evaluations. Students will receive a notice via email that they are required to attend the mandatory session to complete their evaluations. Failure to complete evaluations and/or attend the mandatory sessions may result in the following disciplinary actions:

1. A written notice from the Associate Dean of Undergraduate Medical Education
2. A mandatory meeting with the Associate Dean of Undergraduate Medical Education
3. Appearance before the Academic Performance Review Committee (APRC)

*\*Above is a summary of the USF Student Evaluation Policy. Please review MCOM's Student Handbook for the full text of this policy.*

## **Attendance Policy and Guidelines**

### **ATTENDANCE GUIDELINES**

Students are expected to attend all scheduled Acting Internship didactic conferences, lectures, workshops, and daily patient rounds. **Mandatory sessions and participation requirements in the clinical years are determined for individual Acting Internships.** Recognizing that situations arise that require students to miss time from their lectures/clinical responsibilities, the procedures presented below will be followed when an unplanned absence is necessary.

#### **1. Emergencies for Personal Illness, Family Illness, etc.**

The student will contact the direct supervising preceptor and resident/intern/rotation or section head and the Acting Internship Director in charge to report his/her absenteeism on the first day of being absent. He/she should indicate the nature of the unexpected illness or emergency. The Office of Student Affairs must be notified of all absences by telephone (813-974-2068) or via e-mail to Dr. Kira

Zwygart ([kzwygart@health.usf.edu](mailto:kzwygart@health.usf.edu)) or on the Lehigh campus Dr Melissa Brannen ([Melissa L.Brannen@lvhn.org](mailto:Melissa.L.Brannen@lvhn.org)) . It will be the prerogative of the Acting Internship Director, following consultation with the student, to excuse the absence or request additional information about the absence. This may include requesting a physician's note or an explanation of the absence in detail. The [Absence Report](#) form will be completed by the student and forwarded to the Office of Student Affairs and copied to the Acting Internship Director and Acting Internship coordinator.

In order to be excused from a mandatory Acting Internship event the student must first contact the Acting Internship Director directly and send a copy of the request to the Office of Student Affairs and the Acting Internship coordinator. The Acting Internship Director will make the determination to grant or deny a request in addition to any required remediation.

At the full discretion of the Acting Internship Director excused absences may require remediation of missed Acting Internship work, additional days and/or additional material and may proportionally affect the final grade of the Acting Internship.

## **2. Scheduled Time Off**

The student will submit a written request to the Acting Internship Director for permission to miss any clinic or ward experience, scheduled exams, Acting Internship projects, or mandatory sessions for scheduled time off. The forms are called [Absence Request](#) form and [Exam Absence Request](#) form.

A copy of the written request must be sent to the Office of Student Affairs and the Acting Internship coordinator. The request should be submitted 6 weeks in advance or as soon as the student knows of the scheduled event **PRIOR** to the start of the Acting Internship. Last minute requests (received after the start of the Acting Internship) will require supporting documentation. **The decision to grant or deny the request and determine subsequent action will be at the full discretion of the Acting Internship Director. As such any excused absences may require additional days and/or additional material and may proportionally affect the final grade.**

Opportunities for remediation of missed clinical time, mandatory Acting Internship components and/or additional material (deemed necessary by the individual Acting Internship Director) will be scheduled so as to not impact the clinical experience of the other students in the Acting Internships or detract from the required components of the current Acting Internship or other Acting Internships in which they are enrolled. Written permission from the current Acting Internship Director is required for absences for any instances of remediation.

**Excused absences may proportionally affect final grade and/or may require remediation of missing course work, additional days and/or additional material at the discretion of the Acting Internship Director.**

Students are expected to fulfill all time commitments for the Acting Internship. All missed time must be made up. The appropriate timing for the remediation will be subject to the Acting Internship Director's discretion and should be fulfilled within a 2-month period.

## **M4 – GUIDELINES FOR EXCUSED AND UNEXCUSED ABSENCES**

EVENT	ABSENCE EXCUSED?	MAKE UP TIME NEEDED?
Student illness, including infections that could put patients or other staff at risk	Yes	Yes, if > 1 day missed. Student responsible to reschedule missed experiences.
Illness or death of a close family member or close friend	Yes	Yes, if > 2 days missed. Student responsible to reschedule missed experiences.
<b>Birthdays, Trips, Reunions, and other personal activities</b>	<b>No, absence will impact final grade!</b>	<b>Yes, for all days missed. Student responsible to reschedule all missed experiences.</b>
Religious holidays	Yes, if notification is made 2 months prior to Acting Internship schedule completion. Reasonable accommodation will be made to schedule around requested observed holidays during rotation.	Yes, if > 1 day missed. Student responsible to reschedule missed experiences.
Presentation at a medical conference	Yes, if notification is made 2 months prior to Acting Internship schedule completion. Attempts will be made to schedule the student so that the absence is minimally disruptive.	Yes, if > 1 day missed. Student responsible to reschedule all missed experiences.
Attending a medical conference	Yes, if notification is made 2 months prior to Acting Internship schedule completion. Student may only miss one day per Acting Internship before vacation time must be used to make-up absences.	Yes, if > 1 day missed student responsible to reschedule all missed experiences.
Wedding (student is bride or groom). Birth of a child (student is mother or father).	Yes, if notification is made 2 months prior to Acting Internship schedule completion. Attempts will be made to schedule the missed days during outpatient blocks.	Yes, if > 1 day missed. Student responsible to reschedule missed experiences.
Attending the wedding of a family member or extremely close friend	Yes, if notification is made 2 months prior to Acting Internship schedule completion. Student may only miss one day per Acting Internship before vacation time must be used to make-up absences.	Yes, if > 1 day missed. Student responsible to reschedule all missed experiences.
Significant personal event otherwise unspecified that is cleared with Doctoring 3 Director, Acting Internship Director, and Associate Dean of Student Affairs	Yes, if notification is made 2 months prior to Acting Internship schedule completion. Student may only miss one day of Acting Internship before vacation time must be used to make-up absences.	Yes, if > 1 day missed. Student responsible to reschedule all missed experiences.

## Professionalism

Professionalism is grounded in the fundamental values of honesty, integrity and fairness and is an essential part of the practice of medicine. Students are expected to display and will be examined by these exemplary behaviors. Students are expected to appreciate their responsibility to their profession.

In addition to behavioral standards related to the medical profession, students are expected to uphold the principles of honor set forth by the University of South Florida in The Commitment to Honor.

Anyone seeking impartial assistance to identify and navigate professionalism concerns affecting faculty-student relations, academic achievement and/or institutional effectiveness may contact Olga Skalkos, PhD, at the Office of Student and Resident Professional Development (OSSR) (813-974-8509).

Anyone seeking to report lapses in professionalism may contact any of the following:

Kira Zwygart, MD, Associate Dean for Student Affairs (813-974-2068)

Melissa Brannen, MD, Assistant Dean for Student Affairs, USF-Lehigh Valley (610-402-2563)

Bryan Bogner, MD, Vice Dean for Educational Affairs (813-974-7131)

Robert Barraco, MD, Associate Dean for Educational Affairs USF-Lehigh Valley (610-402-563)

Cuc Mai, MD, Associate Dean and DIO, Graduate Medical Education (813-974-4478)

Deborah DeWaay, MD, Associate Dean for Undergraduate Medical Education (813-974-7131)

## *Professional Behavior*

The following are guidelines that all students are expected to follow throughout this clerkship. You may find that they are also important in other clerkships as well and throughout your training.

1. **Punctuality is key.** Students are expected to be on time to work. Tardiness will not be favorably looked upon. Be aware of how long it will take you to get where you are expected. If you are going to be late, call those expecting you in advance.
2. **Dress for the job.** As per the USFMCOM Dress Code Policy, medical students “are expected to maintain a proper professional image in their behavior and personal appearance at all times. Any time students have contact with patients or are in the patient care areas, shorts are not to be worn. Men should wear shirts and ties and women should wear dresses, skirts, or appropriate slacks and blouses. Also white lab coats with name tags should be worn by all students.”
3. **Know when and where you need to be.** Frequently review your schedule and syllabus to verify the time and place you need to be. This will not only allow you to be on time, but will also prevent you from wasting your own time if you are not expected.
4. **Emergencies/Illnesses do occur.** Your preceptors recognize that situations arise which require students to miss time from their course/clinical responsibilities. **As per the USFMCOM**

**Student Handbook, when an absence is necessary “the student will telephone the preceptor and the Clerkship Director in charge to report his/her absenteeism by 8:00am on the first day of being absent. He/she should indicate the nature of the emergency. It will be prerogative of the Course Director, following consultation with the student to excuse the absence. The student absenteeism form will be completed and forwarded to the Office of Student Affairs by the Course Director.”** If the student cannot reach the Course Director, he/she should call our Education Coordinator, (**Linda Giordano, 974-1996**); leave a message on the Course Director’s voicemail (**Dr. Gonzalez, 974-1997**) and the site where they are rotating at (**Bayfront Medical Center or Morton Plant Mease Health Care**).

If a student is ill for more than one day, he/she must bring in a doctor’s note. In situations where the student knows he/she will be absent from any responsibilities for other than medical reasons, the student is **required to ask the Course Director’s permission in writing at the earliest possible time and at least one week prior to the date of scheduled absence. Non-emergent requests made within 1 week will not be approved.** Absences will be expected to be made up in the USF Family Medicine Clinics during scheduled breaks (Christmas and between the end of 3<sup>rd</sup> year and the start of 4<sup>th</sup> year) at the discretion of the Course Director. Make up schedules will be coordinated through the education office 974-8482.

5. **Be professional.** Remember you will need to earn the respect and trust of your patients. As student physicians, you will be expected to behave politely and professionally. Be courteous to the needs of patients and respect their privacy. Be careful not to discuss patient cases in public settings as their illness and history are confidential. In addition, drape patients appropriately during exams and request a chaperone when necessary.
6. **Remember** to sign all notes legibly.
7. **Be prepared.** This means keeping up with reading assignments and being ready to discuss topics in clinics and during case conferences.
8. **Be careful.** Remember that as a student, you should not act independently or without the knowledge of those legally responsible for the care of the patient. If you are uncertain whether you need a chaperone or are uncomfortable with an exam, let your preceptor know. Every patient needs to be seen by your preceptor.

## **Survival Tips on Acting Internship**

The following are some excellent tips taken from the “Primer to the Internal Medicine Clerkship” but can be applied to any clerkship regardless of the clerkship discipline. We encourage you to read them.

1. Find out what your preceptors expect of you. Meet and try to exceed their expectations.

Be fully prepared and on time for work rounds. Have a daily plan for your patients’ care. Initiate contact with consultants as appropriate. Participate in or observe as many procedures as possible, even if you are not following the involved patient. Learn about the other patients on your team, at least to gain a basic understanding of what is going on with each of them.

Help out team members when needed, however not to a degree which interferes with your self-directed learning.

2. Go the extra mile for your patients. You will benefit as much as they will.

Communicate effectively with your patients, spending time to learn about who they are. Discuss diagnostic and therapeutic plans with patients and their families. Feel free to have emotional discussions with patients when appropriate. You may be able to provide substantial information and support.

3. Go the extra mile for your team. Additional learning will follow.

Being a “team player” is important – being available is also key to learning and seeing procedures or newly admitted patients. You may not always recognize it, but you are an integral part of the inpatient care team. Knowing your role is important – generally being flexible and “going with the flow” is best, however if you have an important question or concern, it is important to make this known. Often times, your observations will serve as valuable contributions to patient care.

4. Organization is crucial to success without stress.

Keep a calendar and mark all conferences/call days right away. Develop a system for maintaining patient data and noting trends in laboratory results (i.e. hemoglobin trending down or creatinine trending upward). Be able to have pertinent information (vital signs, laboratory or test results) easily available on rounds.

5. Read consistently and deeply. Demonstrate that you are a self-directed learner as you raise what you learn in your discussions with your team and in your notes. A goal should be to integrate your basic science knowledge to your patient.

6. Follow through on every assigned task.

7. Ask good questions.

8. Educate your team members about what you learn whenever possible.

Strive to practice evidence-based medicine. Use evidence-based guidelines whenever possible and learn from them. It is our responsibility to bring the best scientific evidence to every clinical decision that we make.

9. Speak up – share your thoughts in teaching sessions, share your opinions about your patients’ care, constructively discuss observations about how to improve the education you are receiving and the systems around you.

10. Actively reflect on your experiences.

11. The more you put in, the more you will gain

12. Pay attention at all times, even when the focus is not on you or your patient. Learning moments may come when you least expect them.

13. Be caring and conscientious and strive to deliver outstanding quality to your patients as you learn as much as you can from every experience.

## ***Getting Help***

Any student having academic or personal problems during the rotation is encouraged to contact the Clerkship Director as soon as possible. In this way, we can provide you appropriate counseling during the rotation. If there are academic concerns regarding your rotation, we can make the appropriate suggestions. Alternatively, if there are other problems we can place you in contact with the appropriate services available to our medical students.

## ***Standard Precautions (formerly called Universal Precautions)***

The USF Health Sciences Center endorses the use of Standard Precautions for all patients and all blood, body fluids and body substances. Standard Precautions embrace the concept that all patients are to be considered potentially infectious; precautions are appropriate when there is the potential for exposure to blood, body fluids, and other potentially infectious material.

Precautions include:

- Wash hands before and after patient contact
- Wear gloves when contact with body substances, mucous membranes, and/or non intact skin is likely
- Wear mask and goggles/face shield when face/mucous membranes may be splashed or aerosolized
- Wear gown or plastic apron when clothing may become soiled
- Dispose of all sharps (eg. needles, scalpel blades) in designated red biohazardous containers
- Use resuscitation device when providing mouth-to-mouth resuscitation

## ***Bloodborne Pathogen & Communicable Disease Exposures—n/a for virtual AI, however education will be provided***

Report immediately all exposures to supervisor. Supervisor will access evaluation/treatment through the Occupational Health Department at the facility where the incident occurs.

Consult orange exposure cards for specific names and phone numbers. Infectious Disease Center (974-3163) or the Infectious Disease Fellow on call (974-2201) are available as needed.

Note: The site where the exposure occurs is responsible for the initial exposure management.

## *HIPAA and Patient Confidentiality*

As a medical student, you are required to abide by the HIPAA rules and regulations. Each time a patient sees a doctor, is admitted to a hospital, goes to a pharmacist or sends a claim to a health plan, a record is made of his or her confidential health information. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 was enacted by Congress to create a national standard for protecting the privacy of patients' personal health information (PHI). This regulation requires safeguards be in place to protect the security and confidentiality of an individual's protected health information.

HIPAA affects all healthcare organizations and its components, including:

- Health care providers (including medical students),
- Health plans,
- Employers,
- Public health authorities,
- Life insurers,
- Clearinghouses,
- Billing agencies,
- Information systems vendors,
- Service organizations, and
- Universities.

Primary Goals of HIPAA:

1. Improved efficiency in healthcare delivery by standardizing electronic data interchange, and
2. Protection of confidentiality and security of health data through setting and enforcing standards.

Examples of Protected Health Information:

Protected health information (PHI) is individually identifiable information, which is created, modified, received or maintained by a covered entity that relates to an individual's past, present or future physical or mental condition, treatment or payment for care. This information is protected if transmitted in electronic, written or oral form. The following information may be considered PHI or may contain PHI:

- Diagnosis of a certain condition
- Procedure codes on claim forms
- Explanation of Benefits (EOB)

Protected health information does not necessarily need to provide an individual's name, address or social security number to be considered individually identifiable information.

Training activities take place in clinical areas that may pose risks that unauthorized individuals may overhear, see, or receive PHI. We can never completely eliminate these incidental disclosures, but we must take reasonable measures to reduce them.

Whenever possible, discuss cases in private areas where the conversations cannot be overheard. When appropriate, avoid the use of names or other identifiers when discussing cases.

Training documentation maintained by students will often contain PHI. Patient logs maintained on PACES are HIPAA compliant. Students are fond of keeping “cheat sheets” and crib notes on patients that they are following. Please be aware that patient lists, trackers, and any similar documentation should be treated as PHI. You should maintain the privacy of these entities as you would the patient’s records.

## *Academic Honesty*

All students of the Morsani College of Medicine are asked to sign a copy of the Student Pledge of Honor when they begin the first year. The Honor Code represents a model by which students begin to frame their professional behaviors and standards aspired to by future physicians and researchers.

Any action that conflicts with the spirit of professional and personal behavior as described in The Preamble to the Student Pledge of Honor shall constitute violations of the Honor Code. A student whose actions are inconsistent with the spirit of the Honor Code may be accused by another student of violating the community spirit. Such actions include but are not be limited to

- lying,
- cheating,
- stealing,
- plagiarizing the work of others,
- causing purposeful or neglectful damage to property,
- impeding the learning process of a colleague,
- jeopardizing patient care in any way,
- failing to pursue others’ actions thought to be in violation of the Honor Code.

In the interest of promoting personal responsibility, a student who suspects a peer of violating the Honor Code is encouraged to confront that peer with the grievance and to attempt to resolve it independently. Should this not be possible, a suspected violation of the Honor Code shall be reported to any Honor Representative within three school days and the procedures set forth in the Honor Code bylaws are to be implemented.

The bylaws describe a procedure by which a satisfactory resolution to the situation may be achieved. The fundamental points of this process include a trial by a jury of peers, protection of anonymity, and self-government within the Morsani College of Medicine. The accused shall have the right to appeal any decision of the Honor Trial Jury.